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4.103:02 Employee Action Form

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ANTIOCH UNIVERSITY

EMPLOYEE ACTION FORM

DEPARTMENT NAME: _____ DATE: _____

NEW ☐ CHANGE ☐ OTHER ☐

AUEID #: _____

NAME: _____ INTRODUCTORY PERIOD: _____

JOB TITLE: _____ SOC CODE: _____ VACATION AWARD: _____

Blue Areas – HR Will Enter)

Weeks/HRS

FOR NEW HIRES THIS COMPLETED FORM PROVIDES HR THE APPROVAL TO WRITE THE CONTRACT LETTER

Monthly Salary Rate: _____ Annual Salary: _____

of Pays: _____

Hours Per Week: _____

% of Time: _____

Base Salary 100% Time: _____

ONE TIME ADJUSTMENT: _____ (Adjunct/Affiliate) Assignment Credit Hours: _____

Effective Date: From: _____

To: _____

BW Salary: _____

BW Hourly Rate: _____

Work Schedule: _____

Hours Per Week: _____

of Pays: _____

Comments: _____

Charge Account:

PERCENTAGE

LINE ITEM KEY

_____-_____-_____-_____

50005 – CORE FACULTY

50030 – CORE FACULTY OVERLOAD

50010 – ONE YEAR FACULTY

50040 – TWO YEAR FACULTY

50015 – AFFILIATE FACULTY

50020 – ADJUNCT FACULTY

50100 – ADMINISTRATOR

50105 – ADMINISTRATIVE ASSOCIATE

50025 – TEACHING ASSISTANT

50110 – UNION STAFF

50115 – NON-UNION STAFF

50120 – PART TIME NO BENEFITS

50125 –TEMP (Short Temporary)

Signatures & Date

Supervisor/Department Head – DATE

BUDGET/ FINANCE APPROVAL - DATE

PROVOST DATE

VCAA - DATE

CHANCELLOR - DATE

HUMAN RESOURCES - DATE

BUDGET/FINANCE and VCAA and/or CHANCELLOR MUST SIGN.